Title VI Plan Cover Page

TOWN OF FLORENCE 2021



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Para Información en Español: Maria Hernandez, Deputy Town Clerk, 520-868-7574

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Executive Summary

The Town of Florence transportation program serves the incorporated limits of Florence. There are three distinct residential areas that are served by the program – the historic Town Core area, Anthem

implen is provi receive transpo	nented for seniors who are at least fifty-five years of age and disabled persons. Transportation ided to medical appointments, shopping, and the Florence Senior Center. The Town of Florence ed 5310 grant funding in 2007, 2017-2020. The Florence Senior Center operates the ortation program for the Town of Florence. The program operates Monday through Friday, 8:00 p.m.
What t	ype of program fund(s) did you apply for?
	5310 5311 Other (please explain)
Type o	f Funding Requests? (Check all that apply)
\boxtimes	Vehicle Funds
\boxtimes	Operating Funds
	Other (please explain)
ls your	agency a direct recipient of FTA funds?
□Yes	
⊠No	

Non Discrimination Notice to the Public

Notifying the Public of Rights Under Title VI and ADA TOWN OF FLORENCE

TOWN OF FLORENCE operates its programs and services without regard to race, color, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **TOWN OF FLORENCE**.

For more information on the TOWN OF FLORENCE's civil rights program, and the procedures to file a complaint, contact Jennifer Evans, Management Analyst, 520-868-7549, (TTY 520-868-7502); email Jennifer.evans@florenceaz.gov; or visit our administrative office at P. O. Box 2670, 775 North Main Street, Florence, AZ 85132. For more information, visit www.florenceaz.gov.

Complaints may be filed directly with the Arizona Department of Transportation (ADOT) Civil Rights Office. ATTN: Title VI Program Coordinator 206 S. 17[™] Ave MD 155A RM: 183 Phoenix AZ, 85007 or with the Federal Transit Administration (FTA). ATTN: Title VI Program Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact **520-868-7574**. *Para información en Español llame: **Maria Hernandez, Deputy Town Clerk, 520-868-7574**

Non Discrimination Notice to the Public - Spanish

Aviso Público Sobre los Derechos Bajo el Título VI Y ADA TOWN OF FLORENCE

TOWN OF FLORENCE (y sus subcontratistas, si cualquiera) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964, Sección 504 de la Ley de Rehabilitación de 1973 y La Ley de ciudadanos Americanos con Discapacidades de 1990 (ADA). El nivel y la calidad de servicios de transporte serán proveídos sin consideración a su raza, color, país de origen, o discapacidad.

Para obtener más información sobre el programa de Derechos Civiles de **TOWN OF FLORENCE**, y los procedimientos para presentar una queja, contacte **Jennifer Evans**, **Management Analyst 520-868-7549**, (**TTY 520-868-7502**); o visite nuestra oficina administrativa en **P. O. Box 2670**, **775 North Main Street**, **Florence**, **AZ 85132**. Para obtener más información, visite **www.florenceaz.gov**

Una queja puede ser presentada con la oficina de Derechos Civiles del Departamento de Transporte de Arizona (ADOT). Atención: Title VI Program Manager, 206 S. 17th Ave MD 155A Phoenix AZ, 85007 o con la Administración Federal de Transporte (FTA). Atención: Title VI Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations: Florence Town Hall, 775 North Main Street, Florence, Arizona 85132 and the Florence Senior Center, 330 North Pinal Street, Florence, Arizona 85132.

This notice is posted online at www.florenceaz.gov

Non Discrimination ADA/Title VI Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **TOWN OF FLORENCE** including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within **180** calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted TOWN OF FLORENCE will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the TOWN OF FLORENCE or submitted to the State or Federal authority for guidance.

- (7) **TOWN OF FLORENCE** will notify the ADOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at 602-712-8946; or email at civilrightsoffice@azdot.gov.
- (8) **TOWN OF FLORENCE** has 10 business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (9) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Discrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
- (10) A copy of either the closure letter or LOF must be also be submitted to ADOT within **72** hours of that decision. Letters may be submitted by hardcopy or email.
- (11)A complainant dissatisfied with **TOWN OF FLORENCE** decision may file a complaint with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) offices of Civil Rights: ADOT: ATTN ADA/Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 FTA: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (12) A copy of these procedures can be found online at: www.florenceaz.gov.

If information is needed in another language, contact **520-868-7574**. *Para información en Español llame: **Maria Hernandez, Deputy Town Clerk, 520-868-7574**

Discrimination ADA/Title VI Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home):	Telephone (W	ork):			
Electronic Mail Address:	1				
	☐ Large Print		□ Au	ıdio Tape	
Accessible Format Requirements?	☐ TDD		□ Ot	her	
Section II:	'				
Are you filing this complaint on your own behal-	?	☐ Yes*		□ No	
*If you answered "yes" to this question, go to S o	ection III.	<u>I</u>			
If not, please supply the name and relationship					
of the person for whom you are complaining.					
Please explain why you have filed for a third par	ty:				
Please confirm that you have obtained the pern	nission of the	☐ Yes		□ No	
aggrieved party if you are filing on behalf of a th	ird party.	□ 163			
Section III:					
I believe the discrimination I experienced was b	ased on (check a	all that ap	ply):		
☐ Race ☐ Color ☐ National Origin ☐ Disability					
Date of Alleged Discrimination (Month, Day, Year):					
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.					
Section VI:					
Have you previously filed a Discrimination Com	plaint with this				
agency?		□ Y	es	□ No	

If yes, please provide any reference information	regarding your previous complaint.
Section V:	
Have you filed this complaint with any other Fed	leral, State, or local agency, or with any Federal
or State court?	
☐ Yes ☐ No	
If yes, check all that apply:	
☐ Federal Agency:	
☐ Federal Court:	☐ State Agency:
☐ State Court :	☐ Local Agency:
Please provide information about a contact pers	on at the agency/court where the complaint
was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI:	
Name of agency complaint is against:	
Name of person complaint is against:	
Title:	
Location:	
Telephone Number (if available):	
	mation that you think is relevant to your complaint.
Your signature and date are required below:	
Signature	 Date
Please submit this form in person at the address be	low, or mail this form to:

TOWN OF FLORENCE

Jennifer Evans, Management Analyst P. O. Box 2670, 775 North Main Street, Florence, AZ 85132 520-868-7549 Jennifer.evans@florenceaz.gov

A copy of this form can be found online at www.florenceaz.gov.

If information is needed in another language, contact **520-868-7574**. *Para información en Español llame: **Maria Hernandez, Deputy Town Clerk, 520-868-7574**.

Forma Para Poner una Queja de la Ley de Discriminación

Nombre: Direcciòn: Ciudad EstadoCòdigo Postal: Correo Electrònico: Telefono (Casa): Telefono (Trabajo): ¿Cual de las siguientes razones describe por lo que usted siente que se le discriminò? Raza Nacionalidad (Especifique)	Nombre:		
Correo Electrònico: Telefono (Trabajo): Persona a la que se discriminò (si es alguien que no es la persona que esta poniendo lija) Nombre: Direcciòn: Ciudad Estado Còdigo Postal: Correo Electrònico: Telefono (Casa): Telefono (Trabajo): ¿Cual de las siguientes razones describe por lo que usted siente que se le discriminò? Raza	Direcciòn:		
Telefono (Casa): Telefono (Trabajo): Persona a la que se discriminò (si es alguien que no es la persona que esta poniendo liga) Nombre: Direcciòn: Ciudad Estado Còdigo Postal: Correo Electrònico: Telefono (Casa): Telefono (Trabajo): ¿Cual de las siguientes razones describe por lo que usted siente que se le discriminò? Raza	Ciudad	Estado	Còdigo Postal:
Persona a la que se discriminò (si es alguien que no es la persona que esta poniendo la ja) Nombre: Direcciòn: Ciudad Estado Còdigo Postal: Correo Electrònico: Telefono (Casa): Telefono (Trabajo): ¿Cual de las siguientes razones describe por lo que usted siente que se le discriminò? Raza Nacionalidad (Especifique) Color (Especifique) Discapacidad (Especifique)	Correo Electrònico:		
Nombre: Direcciòn: Ciudad Estado Còdigo Postal: Correo Electrònico: Telefono (Casa): Telefono (Trabajo): ¿Cual de las siguientes razones describe por lo que usted siente que se le discriminò? Raza	Telefono (Casa):	Telefond	o (Trabajo):
CiudadEstadoCòdigo Postal: Correo Electrònico:Telefono (Trabajo): ¿Cual de las siguientes razones describe por lo que usted siente que se le discriminò? Raza Nacionalidad (Especifique) Color (Especifique) Discapacidad (Especifique)	Persona a la que se discrimi eja)	nò (si es alguien	que no es la persona que esta poniendo l
CiudadEstadoCòdigo Postal: Correo Electrònico:Telefono (Trabajo): ¿Cual de las siguientes razones describe por lo que usted siente que se le discriminò? Raza Nacionalidad (Especifique) Color (Especifique) Discapacidad (Especifique)	Nombre:		
CiudadEstadoCòdigo Postal: Correo Electrònico: Telefono (Casa): Telefono (Trabajo): ¿Cual de las siguientes razones describe por lo que usted siente que se le discriminò? Raza Nacionalidad (Especifique) Color (Especifique) Discapacidad (Especifique) ¿En que fecha(s) sucediò la discriminaciòn?			
Telefono (Casa): Telefono (Trabajo): ¿Cual de las siguientes razones describe por lo que usted siente que se le discriminò? Raza Nacionalidad (Especifique) Color (Especifique) Discapacidad (Especifique) ¿En que fecha(s) sucediò la discriminaciòn?			
Cual de las siguientes razones describe por lo que usted siente que se le discriminò? Raza Nacionalidad (Especifique) Color (Especifique) Discapacidad (Especifique) En que fecha(s) sucediò la discriminaciòn?	Correo Electrònico:		
Raza Nacionalidad (Especifique) Color (Especifique) Discapacidad (Especifique) En que fecha(s) sucediò la discriminaciòn?	Telefono (Casa):	Telefono	(Trabajo):
Color (Especifique) Discapacidad (Especifique) ¿En que fecha(s) sucediò la discriminaciòn?	¿Cual de las siguientes razo	nes describe por	lo que usted siente que se le discriminò?
¿En que fecha(s) sucediò la discriminaciòn?	☐ Raza	_ □	Nacionalidad (Especifique)
	Color (Especifique)		Discapacidad (Especifique)
¿En dònde sucediò la discriminaciòn?	¿En que fecha(s) sucediò la	discriminaciòn?	
	¿En dònde sucediò la discrir	ninaciòn?	
¿Cual es el nombre y titulo de la persona(s) que usted siente que cometiò la riminaciòn contra usted (si lo sabe)?	-	de la persona(s)	que usted siente que cometiò la

Escriba una lista con los nombres de las personas que puedan tener conocimiento de la presunta discriminación y còmo contactarlas.				
Si ha presentado esta federal o estatal, marque	queja con otra agencia federa todas las que apliquen.	l, estatal o local, c	o con cualquier corte	
☐ Agencia Federal ☐Co	orte Federal 🛮 Agencia Estatal	☐ Corte Estatal	☐ Agencia Local	
Por favor proporcione agencia/corte.	e informaciòn de la persona a la	a que present su c	queja en la	
Nombre:				
Direcciòn:				
Ciudad	Estado	_Còdigo Postal:		
Correo Electrònico:				
Telefono (Casa):	Telefono (Trabajo):		
Por favor firme abajo. crea que es importante pa	Puede incluir cualquier materia ra probar su queja.	al escrito u otra inf	ormaciòn que usted	
Firma de la Persona qu	ue presenta la queja	Fecha		
Numero de anexos:				
Someta la forma y cua	lquier informaciòn adicional a:			
	Town of Florence Title VI (775 North Main Street, P. (Florence, Arizona 8) Phone 520-868-75	O. Box 2670 5212		

Por favor presione el botòn de "Enviar" cuando haya completado esta forma para que lo envie por correo electrònico a <u>Jennifer.evans@florenceaz.gov</u>. se pueden agregar documentos adiciionales a este correo.

www.florenceaz.gov

Discrimination ADA/Title VI Investigations, Complaints, and Lawsuits

If no investigations, lawsuits, or complaints were filed select the option below.

☑ **TOWN OF FLORENCE** has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in **2020**.

Complainant	Date	Basis of	Summary	Status	Action(s)	Final
	(Month,	Complaint	of		Taken	Findings?
	Day,	(Race,	Allegation			
	Year)	Color,				
		National				
		Origin or				
		Disability)				
Investigations						
1)						
2)						
Lawsuits						
1)						
2)						
Complaints						
1)						
2)						

Public Participation Plan

TOWN OF FLORENCE is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys.

As an agency receiving federal financial assistance, **TOWN OF FLORENCE** made the following community outreach efforts and activities to engage minority and Limited English Proficient populations since the last Title VI Plan submittal to ADOT CRO.

- ☑ Posted the Nondiscrimination Public Notices to the following locations:

 - □ Lobby of agency

TOWN OF FLORENCE will make the following community outreach efforts for the **upcoming year**:

- ☑ Post the Nondiscrimination Public Notices to the following locations:

 - □ Lobby of agency
- □ Expanded the distribution of agency brochures

Community Spotlight – Spring 2020 Parks and Recreation Activity Guide

Americans with Disabilities Act

The Town of Florence is committed to implementing the intent and spirit of ADA legislation. Those who may need assistance in order to enjoy our programs should contact the appropriate program director or the main Community Services office so we may arrange for assistance.

Give-A-Lift, Neighbors Helping

Neighbors

Do you need a ride to your medical appointments? If you are a Florence resident, aged 55+ or a person with a disability, call to request a ride from one of our amazing volunteer drivers. This is not an emergency transportation service. Please allow at least 2 weeks for scheduling a ride. Interested in being a volunteer driver? Here's what you need: clean and safe vehicle, good driving record, valid driver's license, auto insurance coverage, and background check clearance. To schedule a ride, sign up to volunteer, or obtain information, contact Carolyn Ballard at (520) 868-7648, or email at carolyn.ballard@florenceaz.gov.

POWWOW Future Produce

Distribution Location

Florence Community Services Department has partnered with Borderlands Produce Rescue to become a distribution location offering fresh produce on a monthly basis through May. Produce on Wheels With- Out Waste (or POWWOW) will offer fresh produce for sale in the Community Center parking lot at 778 N. Main Street. Our next POWWOW is Saturday, December 21st from 8:00 am to 11:00 pm. Each customer may purchase up to 70 pounds of various produce for \$12 per person. Watch for more information as details become available. The department also needs community volunteers to help with distribution of the produce. A minimal commitment of hours per month is all that is required. Please call recreation superintendent John Nixon at (520) 868-7699 for more information.

Volunteering

The Town of Florence offers a variety of volunteer opportunities to the public. Community volunteers can contribute their energy, talents and ideas which improves the quality of life in Florence. If you are interested in volunteering with the Town of Florence, contact the Community Services Department for a volunteer application or stop by the Library and Community Center.

Limited English Proficiency Plan

TOWN OF FLORENCE has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to **TOWN OF FLORENCE** services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the **TOWN OF FLORENCE**'s extent of obligation to provide LEP services, the **TOWN OF FLORENCE** undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

1) The number or proportion of LEP persons eligible in the **TOWN OF FLORENCE** service area who may be served or likely to encounter by **TOWN OF FLORENCE** program, activities, or services;

	Florence to	wn, Arizona
Label	Estimate	Margin of Error
Total:	30,017	±311
Speak only English	21,046	±1,091
Spanish or Spanish Creole:	7,993	±1,053
Speak English "very well"	4,233	±548
Speak English less than "very well"	3,760	±711
French (incl. Patois, Cajun):	120	±89
Speak English "very well"	120	±89
Speak English less than "very well"	0	±26
French Creole:	0	±26
Speak English "very well"	0	±26
Speak English less than "very well"	0	±26
Italian:	8	±15
Speak English "very well"	8	±15
Speak English less than "very well"	0	±26
Portuguese or Portuguese Creole:	16	±22
Speak English "very well"	16	±22
Speak English less than "very well"	0	±26
German:	130	±67
Speak English "very well"	130	±67

Speak English less than "very well"	0	±26
Yiddish:	0	±26
Speak English "very well"	0	±26
Speak English less than "very well"	0	±26
Other West Germanic languages:	0	±26
Speak English "very well"	0	±26
Speak English less than "very well"	0	±26
Scandinavian languages:	0	±26
Speak English "very well"	0	±26
Speak English less than "very well"	0	±26
Greek:	0	±26
Speak English "very well"	0	±26
Speak English less than "very well"	0	±26
Russian:	9	±14
Speak English "very well"	9	±14
Speak English less than "very well"	0	±26
Polish:	34	±54
Speak English "very well"	34	±54
Speak English less than "very well"	0	±26
Speak English less than "very well" Serbo-Croatian:	0 0	±26 ±26
Serbo-Croatian:	0	±26
Serbo-Croatian: Speak English "very well"	0	±26 ±26
Serbo-Croatian: Speak English "very well" Speak English less than "very well"	0 0 0	±26 ±26 ±26
Serbo-Croatian: Speak English "very well" Speak English less than "very well" Other Slavic languages:	0 0 0 0	±26 ±26 ±26 ±26
Serbo-Croatian: Speak English "very well" Speak English less than "very well" Other Slavic languages: Speak English "very well"	0 0 0 0	±26 ±26 ±26 ±26 ±26
Serbo-Croatian: Speak English "very well" Speak English less than "very well" Other Slavic languages: Speak English "very well" Speak English less than "very well"	0 0 0 0 0	±26 ±26 ±26 ±26 ±26
Serbo-Croatian: Speak English "very well" Speak English less than "very well" Other Slavic languages: Speak English "very well" Speak English less than "very well" Armenian:	0 0 0 0 0 0	±26 ±26 ±26 ±26 ±26 ±26
Serbo-Croatian: Speak English "very well" Speak English less than "very well" Other Slavic languages: Speak English "very well" Speak English less than "very well" Armenian: Speak English "very well"	0 0 0 0 0 0	±26 ±26 ±26 ±26 ±26 ±26 ±26
Serbo-Croatian: Speak English "very well" Speak English less than "very well" Other Slavic languages: Speak English "very well" Speak English less than "very well" Armenian: Speak English "very well" Speak English less than "very well"	0 0 0 0 0 0 0	±26 ±26 ±26 ±26 ±26 ±26 ±26 ±26
Serbo-Croatian: Speak English "very well" Speak English less than "very well" Other Slavic languages: Speak English "very well" Speak English less than "very well" Armenian: Speak English "very well" Speak English less than "very well" Persian:	0 0 0 0 0 0 0	±26 ±26 ±26 ±26 ±26 ±26 ±26 ±26 ±26
Serbo-Croatian: Speak English "very well" Speak English less than "very well" Other Slavic languages: Speak English "very well" Speak English less than "very well" Armenian: Speak English "very well" Speak English less than "very well" Persian: Speak English "very well"	0 0 0 0 0 0 0 0	±26 ±26 ±26 ±26 ±26 ±26 ±26 ±26 ±26 ±26
Serbo-Croatian: Speak English "very well" Speak English less than "very well" Other Slavic languages: Speak English "very well" Speak English less than "very well" Armenian: Speak English "very well" Speak English less than "very well" Persian: Speak English "very well" Speak English less than "very well" Speak English less than "very well"	0 0 0 0 0 0 0 0	±26 ±26 ±26 ±26 ±26 ±26 ±26 ±26 ±26 ±26

Hindi:	20	±23
Speak English "very well"	0	±26
Speak English less than "very well"	20	±23
Urdu:	11	±21
Speak English "very well"	11	±21
Speak English less than "very well"	0	±26
Other Indic languages:	6	±11
Speak English "very well"	0	±26
Speak English less than "very well"	6	±11
Other Indo-European languages:	8	±8
Speak English "very well"	8	±8
Speak English less than "very well"	0	±26
Chinese:	96	±106
Speak English "very well"	75	±93
Speak English less than "very well"	21	±27
Japanese:	24	±42
Speak English "very well"	24	±42
Speak English less than "very well"	0	±26
Korean:	0	±26
Speak English "very well"	0	±26
Speak English less than "very well"	0	±26
Mon-Khmer, Cambodian:	5	±10
Speak English "very well"	0	±26
Speak English less than "very well"	5	±10
Hmong:	0	±26
Speak English "very well"	0	±26
Speak English less than "very well"	0	±26
Thai:	0	±26
Speak English "very well"	0	±26
Speak English less than "very well"	0	±26
Laotian:	0	±26
Speak English "very well"	0	±26
Speak English less than "very well"	0	±26
Vietnamese:	26	±28

Speak English "very well"	12	±21
Speak English less than "very well"	14	±19
Other Asian languages:	0	±26
Speak English "very well"	0	±26
Speak English less than "very well"	0	±26
Tagalog:	6	±11
Speak English "very well"	6	±11
Speak English less than "very well"	0	±26
Other Pacific Island languages:	22	±24
Speak English "very well"	22	±24
Speak English less than "very well"	0	±26
Navajo:	182	±73
Speak English "very well"	171	±71
Speak English less than "very well" Other Native North American	11	±15
languages:	123	±62
Speak English "very well"	123	±62
Speak English less than "very well"	0	±26
Hungarian:	8	±15
Speak English "very well"	8	±15
Speak English less than "very well"	0	±26
Arabic:	65	±79
Speak English "very well"	65	±79
Speak English less than "very well"	0	±26
Hebrew:	22	±22
Speak English "very well"	22	±22
Speak English less than "very well"	0	±26
African languages:	15	±21
Speak English "very well"	0	±26
Speak English less than "very well"	15	±21
Other and unspecified languages:	22	±26
Speak English "very well"	4.4	. 40
Speak English very well	11	±19

2) The frequency with which LEP individuals come in contact with an **TOWN OF FLORENCE** services;

TOWN OF FLORENCE's staff reviewed the frequency with which office staff, dispatchers and drivers have, or could have, contact with LEP persons for **2020** . **TOWN OF FLORENCE** averages **0** contacts in **2020**.

 The nature and importance of the program, activities or services provided by the TOWN OF FLORENCE to the LEP population; and

The Town of Florence provides transportation services to elderly and disabled residents to help keep them independent and not isolated at home. Other transportation options are very limited in Florence due to it being a rural community. The services provided are valuable to residents when other modes of transportation are unavailable.

4) The resources available to **TOWN OF FLORENCE** and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section.

The LEP population is included in the public process through translation of public notices and other materials as requested. While financial resources are limited, the Town of Florence is able to provide translation services as needed.

TOWN OF FLORENCE provides a statement in Spanish and will for additional languages specific to the LEP community make up that will be included in all public outreach notices. Every effort will be made to provide vital information to LEP individuals in the language requested.

Safe Harbor Provision for written translations

TOWN OF FLORENCE complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

- (1) Non Discrimination Notice
- (2) Discrimination Complaint Procedures
- (3) Discrimination Complaint Form

In addition, we will conduct our marketing (including using translated materials) in a manner that reaches each LEP group. Vital documents include the following:

- (1) Notices of free language assistance for persons with LEP
- (2) Notice of Non-Discrimination and Reasonable Accommodation
- (3) Outreach Materials
- (4) Bus Schedules
- (5) Route Changes
- (6) Public Hearings
- 1) **TOWN OF FLORENCE** provides language assistance services through the below methods:

- Instructions are provided to customer service staff and other **TOWN OF FLORENCE** staff who regularly take phone calls from the general public on how to respond to an LEP caller.
- ☑ Instructions are provided to customer service staff and others who regularly respond to written communication from the public on how to respond to written communication from an LEP person.
- Instructions are provided to vehicle operators, station managers, and others who regularly interact with the public on how to respond to an LEP customer.
- 2) **TOWN OF FLORENCE** has a process to ensure the competency of interpreters and translation service through the following methods:

TOWN OF FLORENCE will ask the interpreter or translator to demonstrate that he or she can communicate or translate information accurately in both English and the other language. **TOWN OF FLORENCE** will train the interpreter or translator in specialized terms and concepts associated with the agency's policies and activities. **TOWN OF FLORENCE** will instruct the interpreter or translator that he or she should not deviate into a role as counselor, legal advisor, or any other role aside from interpreting or translator. **TOWN OF FLORENCE** will ask the interpreter or translator to attest that he or she does not have a conflict of interest on the issues that they would be providing interpretation services.

- 3) **TOWN OF FLORENCE** provides notice to LEP persons about the availability of language assistance through the following methods:
 - ⊠ Signs and handouts available in vehicles and at stations
 - □ Agency websites
- 4) **TOWN OF FLORENCE** monitors, evaluates and updates the LEP plan through the following process:

TOWN OF FLORENCE will monitor the LEP plan by conducting an annual Four-Factor analysis, establishing a process to obtain feedback from internal staff and members of the public and conducting internal evaluations to determine whether the language assistance measures are working for staff. **TOWN OF FLORENCE** will make changes to the language assistance plan based on feedback received. **TOWN OF FLORENCE** may take into account the cost of proposed changes and the resources available to them. Depending on the evaluation, **TOWN OF FLORENCE** may choose to disseminate more widely those language assistance measures that are particularly effective or modify or eliminate those measures that have not been effective. **TOWN OF FLORENCE** will consider new language assistance needs when expanding transit service into areas with high concentrations of LEP persons will consider modifying their implementation plan to provide language assistance measures to areas not previously served by the agency.

5) **TOWN OF FLORENCE** trains employees to know their obligations to provide meaningful access to information and services for LEP persons and all employees in public contact positions will be properly trained to work effectively with in-person and telephone interpreters. **TOWN OF FLORENCE** will implement processes for training of staff through the following procedures:

TOWN OF FLORENCE will identify staff that are likely to come into contact with LEP persons as well as management staff that have frequent contact with LEP persons in order to target training to the appropriate staff. **TOWN OF FLORENCE** will identify existing staff training opportunities, as it may be cost-effective to integrate training on their responsibilities to persons with limited English proficiency

into agency training that occurs on an ongoing basis. **TOWN OF FLORENCE** will include this training as part of the orientation for new employees. Existing employees, especially managers and those who work with the public may periodically take part in re-training or new training sessions to keep up to date on their responsibilities to LEP persons. **TOWN OF FLORENCE** will implement LEP training to be provided for agency staff. **TOWN OF FLORENCE** staff training for LEP to include:

- A summary of the TOWN OF FLORENCE responsibilities under the DOT LEP Guidance;
- A summary of the **TOWN OF FLORENCE** language assistance plan;
- A summary of the number and proportion of LEP persons in the TOWN OF FLORENCE service
 area, the frequency of contact between the LEP population and the agency's programs and
 activities, and the importance of the programs and activities to the population;
- A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
- A description of the **TOWN OF FLORENCE** cultural sensitivity policies and practices.

	2004 Census Test LANGUAGE IDENTIFICATION FLASHCARD	
	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
	Խողրում են ք նչում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք Հայհրեն:	2. Armenian
	যদি আপনি বাংলা পড়েন বা বলেন ডা হলে এই বাব্দে দাগ দিন।	3. Bengali
	ឈ្ងមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិឃាយភាសា ខ្មែរ ។	4. Cambodian
	Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
	如果你能读中文或讲中文,请选择此框。	6. Simplified Chinese
	如果你能讀中文或講中文,請選擇此框。	7. Traditional Chinese
	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8.Croatian
	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
	Mark this box if you read or speak English.	11. English
	اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بزنيد.	12. Farsi
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	Cocher ici si vous lisez ou parlez le français.	13. French
	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
	अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
	Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
	Marchi questa casella se legge o parla italiano.	21. Italian
	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
	ໃຫ້ໝາຍໃສ່ຍຸ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish
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Title VI Plan

	Assinale este quadrado se você lê ou fala português.	26. Portuguese
	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
	Обележите овај квадратић уколико читате или говорите српски језик.	29. Serbian
	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
	Marque esta casilla si lee o habla español.	31. Spanish
	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูคภาษาไทย.	33. Thai
	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
	Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.	35. Ukranian
	اگرآپ اردو پڑھتے یا بولتے ہیں تواس خانے میں نشان لگا ئیں۔	36. Urdu
	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish
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TOWN OF FLORENCE COMMUNITY SERVICES DEPARTMENT



GIVE-A-LIFT

Neighbors Helping Neighbors

Do you need a ride to your medical appointments?

If you are a Florence resident, aged 55+ or a person with a disability, call to request a ride from one of our amazing volunteer drivers.

This is <u>not</u> an emergency transportation service, please allow at least 2 weeks for scheduling of rides.



To schedule a ride, sign up to volunteer or to obtain more information, contact: Carolyn Ballard (520) 868-7648, email: carolyn.ballard@florenceaz.gov

Para información en Español Ilame: Maria Hernandez, Deputy Town Clerk, 520-868-7574



Are you DRIVEN to Volunteer?

Do you hold the keys to making a difference in the lives of our senior and disabled residents?



VOLUNTEER DRIVER REQUIREMENTS:

- · Clean, safe vehicle
- Good driving record
- Valid driver's license
- Auto Insurance coverage
- · Background check clearance

VOLUNTEER DRIVER BENEFITS:

- You will make a positive difference in someone's life
- · Be part of a team dedicated to helping others
- Develop lasting friendships
- · Your availability & choice of the rides you give

Non-elected Committees Membership Table

Subrecipients who select the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

☑ **TOWN OF FLORENCE** does <u>not</u> select the membership of any transit-related committees, planning boards, or advisory councils.

Monitoring for Subrecipient Title VI Compliance

Describe how you monitor your subrecipients. This can be through site visits, submissions of Title VI Plans annually, or training and surveys.

☑ **TOWN OF FLORENCE** does <u>not</u> monitor subrecipients for Title VI compliance as it does not have any FTA subrecipients.

Title VI Equity Analysis

A subrecipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. "Facilities" in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

Note: Even if facility construction is financed with non-FTA funds, if the subrecipient organization receives any FTA dollars, it must comply with this requirement.

☑ **TOWN OF FLORENCE** has no current or anticipated plans to develop new transit facilities covered by these requirements.

Fixed Route Transit Provider Analysis

Fixed Route: Public transit service (other than by aircraft) provided on a repetitive, fixed-schedule basis along a specific route, with vehicles stopping to pick up passengers.

A subrecipient providing fixed route service, as defined above, must determine the distribution of transit amenities or the vehicle assignments for each mode in a non-discriminatory manner. The subrecipient must develop policies to ensure service is not distributed on the basis of race, color, or national origin.

Effective practices to fulfill the Service Standards requirements include developing written policies covering each of the following service indicators: [INSTRUCTIONS] (can be expressed in writing or in table format – see Circular Appendix G & H pp. 87-91)

▼ TOWN OF FLORENCE is **not** a Fixed Route Transit Provider

Board Approval for the Title VI Plan

ACTION MINUTES

MINUTES OF THE TOWN OF FLORENCE REGULAR MEETING HELD ON MONDAY, MARCH 1, 2021, AT 6:00 P.M., IN THE FLORENCE TOWN COUNCIL CHAMBERS, LOCATED AT 775 N. MAIN STREET, FLORENCE, ARIZONA.

SPECIAL NOTICE REGARDING PUBLIC MEETINGS

Due to the risks to public health caused by the possible spread of the COVID-19 virus at public gatherings, the Town of Florence has authorized attendance through technological means. In reliance on, and in compliance with, the March 13, 2020 Opinion issued by Attorney General Mark Brnovich, and in conjunction with the Emergency Proclamation signed by Mayor Tara Walter, on March 18, 2020. The Town of Florence provides this special advance notice of the technological means through which public meetings may be accessed. Public wishing to provide comment at the meeting should contact the Town Clerk in by 5:00 p.m. the day of the meeting or attend in person, seating is limited.

The agenda for this meeting is as follows:

1. CALL TO ORDER

Mayor Walter called the meeting to order at 6:01 p.m.

2. ROLL CALL:

Present: Tara Walter, Michelle Cordes, John Anderson, Kristen Larsen,

Judy Hughes, Arthur Neal, Johnie Mendoza

3. MOMENT OF SILENCE

4. PLEDGE OF ALLEGIANCE

5. CALL TO THE PUBLIC

Call to the Public for public comment on issues within the jurisdiction of the Town Council. Council rules limit public comment to three minutes. Individual Councilmembers may respond to criticism made by those commenting, may ask staff to review a matter raised or may ask that a matter be put on a future agenda. However, members of the Council shall not discuss or take action on any matter during an open call to the public unless the matters are properly noticed for discussion and legal action.

6. PUBLIC HEARINGS AND PRESENTATION

- a. Pinal County Update by Pinal County Supervisor Kevin Cavanaugh. (Mayor Walter)
- b. Update on EPCOR by Chad Guzmán, Director of Government Relations. (Mayor Walter)

- c. 2021 Greater Florence Chamber Community Excellence Awards. (Mayor Water)
- d. Public Hearing and First reading of Ordinance No. 699-21: Ordinance No. 699-21: AN ORDINANCE OF THE TOWN OF FLORENCE, PINAL COUNTY, ARIZONA, AMENDING THE TOWN OF FLORENCE DEVELOPMENT CODE §150.031 DEFINED WORDS DEFINITION OF HOME OCCUPATION. (Larry Harmer)

Mayor Walter opened the public meeting. Mayor Walter closed the public hearing.

e. Public Hearing and First reading of Ordinance No. 700-21: AN ORDINANCE OF THE TOWN OF FLORENCE, PINAL COUNTY, ARIZONA, AMENDING THE TOWN OF FLORENCE DEVELOPMENT CODE §150.047 DISTRICT USE REGULATION TABLES TO PERMIT MEDICAL AND RECREATIONAL MARIJUANA IN ZONING DISTRICTS NEIGHBORHOOD BUSINESS (B-1), HIGHWAY BUSINESS COMMERCIAL (B-2), DOWNTOWN COMMERCIAL (DC), TOURIST COMMERCIAL (TRC), LIGHT INDUSTRIAL (LI), AND HEAVY INDUSTRIAL (HI). (Larry Harmer)

Mayor Walter opened the public meeting. Mayor Walter closed the public hearing.

- 7. CONSENT: All items on the consent agenda will be handled by a single vote as part of the consent agenda unless a Councilmember or a member of the public objects at the time the agenda item is called.
 - a. Acceptance of the FFY 2018 Homeland Security Grant Program Subrecipient Agreement 180303-03, from Arizona Department of Homeland Security, in the amount of \$29,708, for the Florence Public Safety Interoperable Communications Project. (Bruce Walls)
 - b. Approval of the 2021 Town of Florence Title VI Implementation Plan. (Jennifer Evans)
 - c. Ratification of an emergency expenditure to Hughes Fire Equipment for repairs to Engine 2542, in an amount not to exceed \$32,000. (Paul Adams)
 - d. Resolution No. 1771-21: Approval of A RESOLUTION OF THE TOWN OF FLORENCE, PINAL COUNTY, ARIZONA, AUTHORIZING THE TOWN MANAGER TO SUBMIT AN APPLICATION FOR THE ARIZONA DEPARTMENT OF TRANSPORTATION (ADOT) 5310 ENHANCED MOBILITY FOR SENIORS AND INDIVIDUALS WITH DISABILITIES GRANT PROGRAM WHICH PROVIDES FUNDING TO SERVICE THE ELDERLY AND PERSONS WITH DISABILITIES IN THE COMMUNITY. (Hez Allen)
 - e. Approval of a letter of support requesting the Bureau of Land Management Interior Region 8 to evaluate the process and purchase of the privately owned, historic "Coke Oven" property north of Gila River. (Hez Allen)
 - f. Approval of accepting the register of demands ending January 31, 2020, in the amount of \$2,062,201.95. (Rebecca Jimenez)

On motion of Councilmember Larsen, seconded by Councilmember Hughes and carried (7-0) to approve the Consent Agenda as written.